

For Office Use Only
Time/Date received

2024



THE HOUSING AUTHORITY

of the Town of Bethel

25 Reynolds Ridge, Bethel, Connecticut 06801
Phone 203-797-9909 ~ Fax 203-797-0068 office@bethelhousingauthority.org

CONTROL # _____

APPLICATION FOR BETHEL CONGREGATE

APPLICATIONS CANNOT BE ACCEPTED UNLESS COMPLETE ~ HOUSING FOR INDIVIDUALS AGE 62 OR OLDER

Applicant Name: _____
 Current Address: _____ Apt. #: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone #: _____ Cell Phone #: _____
 Email: _____
 Vehicle Yes No Make: _____ Model: _____ Plate #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Member #	Full Name	Relationship	Birth Date	Age	Sex	Social Security No.	United States Citizen (Y/N)
1		HEAD					
2							

If you do not have a Social Security Number, is it for the following reasons:

You are an ineligible non-citizen

Yes No

Do you plan to have anyone living with you in the future who is not listed above?

Yes No

If yes, please explain: _____

Have you or any member of your family ever been convicted of a crime?

Yes No

Have you ever been evicted from housing where you resided?

Yes No

Are you or anyone in your household subject to a state lifetime registration requirement for sex offenders in any state?

Yes No

If yes, please identify household member: _____

Is there a handicap or disability that you (as head of household) or spouse wish to claim. ?

Yes No

Are there any special accommodations that the household will require?

Yes No

If yes, please explain: _____

Do you have a pet?

Yes No

Are you now living in a subsidized housing unit now?

Yes No

If yes, complex name: _____ Manager's phone #: _____

Have you ever filed for bankruptcy? If yes, when: _____

Yes No

Do you smoke or use a vaporizer?

Yes No

Bethel Congregate Corp has a strict smoking policy and rules. Have you read the enclosed policy and have a full understanding and will comply with the rules

Yes No

Is there someone that is not a member of the household that is willing to assist with you rent

Yes No

Apartment Application

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CURRENT HOUSING STATUS

Current Landlord: _____ Phone #: _____

Address: _____

How long have you lived there? _____ Monthly rent: _____

Reason for leaving: _____

Former Landlord: _____ Phone #: _____

Address: _____

How long did you live there? _____ Monthly rent: _____

Reason for leaving: _____

NOTE: At time of vacancy you may be asked for additional landlord references

Please list all states where you and other member of your household have resided:

EMPLOYMENT STATUS

Member #1 Employer: _____ Phone #: _____

Address: _____

Supervisor's Name: _____ Dates of Employment: _____

Previous Employer if Less than 2 Year: _____

Member #2 Employer: _____ Phone #: _____

Address: _____

Supervisor's Name: _____ Dates of Employment: _____

Previous Employer if Less than 2 Years: _____

Please answer the following questions. For each YES answer, provide details on a separate sheet.

INCOME & ASSET INFORMATION

Does any member of your household:

Work full-time, part-time, or seasonally? What is your monthly income \$ _____ Yes No

Expect to work for any period during the next year? Yes No

Work for someone who pays cash? Yes No

Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? Yes No

Now receive or expect to receive unemployment benefits? Yes No

Now receive or expect to receive child support that he/she is entitled to?? Yes No

Now receive or expect to receive alimony? Yes No

Have an entitlement to alimony or child support that he/she is not currently receiving? Yes No

Do you now or expect to receive

- Public assistance? Such as Welfare Yes No
- Social Security or disability benefits? Yes No
- Income from a pension or annuity? Yes No
- Regular contributions from organizations or individuals not living in the unit? Yes No
- Income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from rental property? Yes No

Do you own real estate (part or whole) or any assets for which you receive no income (checking account, cash)? Yes No

Have real property or other assets (including cash) that he/she has sold or given away in the past two years? Yes No

Member #	Source of Income/Type of Income	Annual Income

AT TIME OF VACANCY INCOME FROM EMPLOYMENT MUST BE VERIFIED BY A THIRD PARTY. EXAMPLES INCLUDE PAY STUBS, TAXES, OR A LETTER FROM YOUR EMPLOYER. SS INCOME MUST BE PROVEN WITH A

ASSET INFORMATION
CHECKING, SAVINGS, IRA, 401K, STOCKS, BONDS, LIFE INSURANCE

Please list all checking and savings (including IRA's, Keogh Accounts, and Certificates of Deposit) of all household members. Add an additional sheet if necessary.

Member #	Bank Name	Type of Account	Account Number	Current Balance/Cash Value

List any assets disposed of for less than their fair market value in the past two years: I.e. sold a house gave away money.

EXPENSES

Do you have expenses for child care of a child age 12 or under? Yes No
If yes, weekly cost: _____

Do you pay for a care attendant or any equipment for a disabled household member,
necessary to permit that person or someone else in the household to work? Yes No
If yes, cost of care attendant and/or equipment: _____
Name, address, & phone # of care attendant: _____

ELDERLY FAMILIES ONLY

Do you have Medicare? Yes No
If yes, what is your monthly premium? \$ _____
Do you have any other kind of medical insurance? Yes No
If yes, what is your monthly premium? \$ _____
Do you have any outstanding medical bills? Yes No
If yes, please list amount(s): \$ _____

Do you expect to incur any large medical expenses in the next 12 months?
If yes, please list: _____

Do you pay out of pocket for prescriptions? Yes No
If yes, approximately how much monthly \$ _____ per month

PERSONAL REFERENCES

1. Name: _____	(2) Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Relationship: _____	Relationship: _____

Include with this application copies of your:

- Birth Certificate and Social Security Card
- Real ID verified Drivers License, Passport or Photo ID
- Paperwork of Power of Attorney or Conservatorship

When are you able to take Occupancy Immediately 30 Days. More than 30 days

Applicants must fill out the application in its entirety. Incomplete applications will not be processed and will be returned to the applicant.

As an applicant, I understand that this is a preliminary application for residency and that additional information may be requested at a later date in order to complete processing.

In consideration of my application for this apartment, I hereby represent all information in this application to be true and accurate and that the owner, manager, employee, agent may rely on this information when investigating and accepting this application, including specifically to obtain public and non-public references and credit reports or records and criminal (including sex offender) background records, if applicable. I also expressly authorize NP Rentals & Management, LLC., and its employees or agents (including a third party collection agency), to obtain such references and reports at any time during the term of my tenancy and after termination of my lease, if such reports are needed in attempting to review my continuing eligibility to be a resident, collect any defaulted payments or charges, or for any other permissible purpose.

I hereby release, remise, and forever discharge, from any action whatsoever, in law and equity, all owners, managers, and employees or agents of the Landlord, management company, and their credit checking agencies in connection of processing, investigating, or credit checking this application and will hold them harmless for any suit or reprisal whatsoever.

Applicant represents that all the statements herein are true, and if they change during the term of the tenancy, I will immediately notify the management staff.

The above statements are made under the penalties of perjury and all must be verified.

FRAUD CLAUSE: All of the information I have provided on this application is correct to the absolute best of my knowledge. Any knowing misrepresentation of information may be considered fraud and result in a fine of up to \$500 or imprisonment up to six (6) months, or both.

All applications are subject to owner's approval. Tenant agrees not to smoke within premises.

I HAVE REVIEWED MY ANSWERS FOR ACCURACY AND READ AND UNDERSTAND ALL OF THE ABOVE CAREFULLY BEFORE SIGNING.

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

Preparers Signature (if applicable): _____ Date: _____

- Relationship To Applicant: _____



The Housing Authority of the Town of Bethel and NP Rentals & Management, LLC., are committed to comply with all federal, state, and local fair housing and equal housing opportunities laws.

Apartment Application

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